

PTO/SB/83 (09-03)

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**REQUEST FOR WITHDRAWAL  
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Application Number	09/116,426
Filing Date	07/16/1998
First Named Inventor	SURESH
Art Unit	2171
Examiner Name	DO.T
Attorney Docket Number	INFO-P005

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

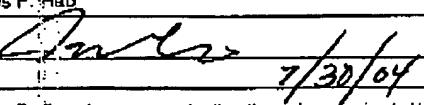
- Per client request  
The reasons for this request are: - There is no outstanding term for response

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<input checked="" type="checkbox"/> Firm or Individual Name	INFORMATICA CORPORATION		
Address	2100 Seaport Blvd.		
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City	Redwood City	State	CA
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